Major Donor and	•		COMMITTEE STATEMENT			
Independent Expenditure Com Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA FORM	461		
	Statement covers period	Date of election if applicable:	1	1/2		
Amendment	from04/01/2017	(Month, Day,Year)		For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through06/30/2017	.				
1. Name and Address Of Filer		3. Summary	-			
NAME OF FILER (Include name(s) of all affiliated entities whose contributions are included in this statement.) Anna Morfit		(Amounts may be rounded to whole dollars.) 1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)				
MAILING ADDRESS	(NO. AND STREET)	·	·	\$		
CITY STATE ZIP CODE		Unitemized expenditures and contributions (including loans) under \$100 made this period				
San Francisco RESPONSIBLE OFFICER (If filer is other than an individual)	CA 94129 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add		SUBTOTAL \$ ——	7300.00	
Anna Morfit		4. Total expenditures and				
2. Nature and Interests of Filer		made from prior staten amount from Line 5 of	•			
A FILER THAT IS AN INDIVIDUAL MUST LIST THE OF EMPLOYER OR, IF SELF-EMPLOYED, THE NA	NAME, ADDRESS, AND BUSINESS INTERESTS ME, ADDRESS, AND NATURE OF THE BUSINESS	filed. If this is the first	statement for		00000 00	
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$ ——	29200.00	
Not employed	None	5. Total expenditures and (including loans) made				
ADDRESS OF EMPLOYER/BUSINESS	·	January 1 of the currer (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$	36500.00	
A FILER THAT IS A BUSINESS ENTITY MUST DESENDED A FILER THAT IS AN ASSOCIATION MUST PROVI		4. Verification I have used all reasonable reviewed the statement ar contained herein is true ar the laws of the State of Ca	nd to the best of my kr and complete. I certify	nowledge the information under penalty of perj	tion jury under	
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS COMMON ECONOMIC INTEREST OF THE GROUP	S ENTITY, OR ASSOCIATION MUST DESCRIBE THE P OR ENTITY	Executed on		it GNATURE OF INDIVIDUAL DONO BLE OFFICER IF OTHER THAN A		

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE ANI
MAJOR DONOR COMMITTEE STATEMEN

Statement covers period		CALIFORNIA	461
from	04/01/2017	FORM	401
through	06/30/2017	2/2	
unougn _			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anna Morfit

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
05/01/2017	Eleni Kounalakis for Lieutenant Governor 2018 Sacramento CA 95814 ID: 1395990 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Eleni Kounalakis Lieutenant Governor Statewide NO: Support Oppose	7300.00	\$ Calendar Year \$ 7300.00 Other

SUBTOTAL \$

7300.00